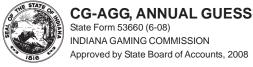
CG-AGG, ANNUAL GUESSING GAME APPLICATION FOR FIRST TIME APPLICANTS State Form 53660 (6-08) For Officia



For Official Use Only
License Fee Paid
Date Received
Reviewed By
Date Entered

INSTRUCTIONS: Process	ing of this appl	ication can take up to	o 120 days. Atta	ach License	Fee.					
1. Name of organization (please type or print)					2. Email address					
3. Previous name of organization (if name changed)				4. Federal identification number (FID)						
5. Address of principal office (<i>number and street</i>)				Contact name				6. Business hours		
City	State	ZIP code		County			Daytime telephone number			
7. On which days of the <i>the noon hour</i>)	week and durii	ng what hours will yo	our guessing gar	me event b	e conducted?	(a.m.	establish	es the midn	ight hour, p.m. es	tablishes
Day Hours	M to	M Day	Hours	M to	M	Day .		_ Hours	M to	M
8. Address of the facility where the event will be conducted (<i>number and street</i>) Doing business as (DBA)										
City	State	ZIP code		County			Daytime telephone number			
FACILITY/TANGIBLE PERSONAL PROPERTY INFORMATION										
Attach additional sheets if	necessary to s	upply all information	for each line.							
9. Does your organization own, lease (rent), or use a donated facility where the licensed event will be conducted? (<i>Check one</i>) • If leased (rented) or donated, enter name and address of lessor or donor and attach a copy of your signed lease or donation agreement.										
Name of lessor/donor (full legal name)			Address (number and street)							
City	State	ZIP code		County			Daytime telephone number			
10. Is any tangible personal property (i.e. tables, chairs, etc.) or gaming equipment or device being leased or donated to you for this event? Yes No If you answered Yes, list the name and address of the lessor or donor. Attach a signed copy of the lease or donation agreement. Note: Gaming equipment or devices must originate from a licensed distributor and/or manufacturer.										
Name	Address (nu	mber and street)		City			State		ZIP code	
Attach additional sheets if		NUFACTURE	R AND DIST	RIBUT	OR INFO	RMA'	TION		1	
11. List the manufacture	r(s) and/or dist	ributor(s) from whom	n you intend to	purchase li	censed suppl	ies.				
Name	Address (number and street)		street)	Ci	ty	State ZII		ZIP code	Items	
12. Does your organization If yes, list the distributory				☐ No rice, and ty	pe of equipm	ent or o	device pu	ırchased.		
Name of distributor/manufacturer Date of purchase				Purchase price			Type of equipment/device			

OPERATOR INFORMATION Attach additional sheets if necessary							
13. List below at least three	(3) operators who will supervise, manage.	, and be responsible	for the operati	on and conduct of the	e gaming even	ıt.	
Full legal name	Home address (number and street, city, state, ZIP code)	Driver's license or		Daytime telephone number	Years with organization	Check appropriate box	
				()		Bartender Member	
				()		Bartender Member	
				()		Bartender Member	
14. Please list the name from above of the <u>principal operator</u> who has overall responsibility for the operation and control of this charity gaming event. Please type or print. X Name Daytime telephone number							
15. Are any of the operators listed above also operators for another organization's charitable gaming events? Yes No If yes, attach a list including each individual's name, name of organization, and the month(s) that they will operate other gaming events.							
Attach additional sheets if neo		R INFORMAT	ION				
16. List all individuals (<i>exclu</i>	uding operator information above) who w	rill assist and work in	the operation	of the licensed even	t.		
Full legal name	Home address (number and street, city, state, ZIP code)	Driver's license or state I.D.	Date of birth (month, day, year)	Daytime telephone number	Mos./years with organization	Check appropriate box	
				()		Bartender Employee Member	
				()		Bartender Employee Member	
				()		Bartender Employee Member	
15. 17						Bartender	
jurisdiction? Yes	workers listed on line 13 and 16, or o						
GROSS RETAIL SALES INFORMATION							
,	any type of retail sales during the license omplete the following information. If the				<u> </u>	□ No mber in the box	
Name of organization offering the sales Retail merchant certificate number							
	will your organization be receiving? (Ch		ant .				
All of the retail sales incomeA flat fee retail sales paymentA percentage of the retail sales incomeOther (explain)							
ADDITIONAL ACTIVITIES AUTHORIZED							
19. Will your organiz	ation be selling pull tabs, punchboards and	d/or tip boards?		Yes	No		

	FINANCIAL IN	FORMATION				
20. Where will the charity gaming financial recor	ds be maintained?					
Address (number and street)						
City	S	tate	ZIP code			
21. Name, address, and telephone number of the	person maintaining these re	cords.				
Name	A	Address (number and street)				
City	State Z	Daytime telephone number				
22. List the organization's separate and segreg	ated charity gaming check	sing account information.				
Name of bank						
Address (number and street)						
City		State	ZIP code			
Name of separate and segregated charity gar	ning checking account	Account number				
	LICENSE FEE I	NFORMATION				
23. The license fee for an organization's first Ant paid by a check drawn from your separate and Commission.						
	CERTIFI	CATION				
24. We certify under penalty of perjury that there statements will cause rejection of this application			ntion stated. We understand false or misleading			
Signature of Presiding Officer		Ē	Pate (month, day, year)			
Printed name	Title		Paytime telephone number			
Signature of Secretary		Ē	Pate (month, day, year)			
Printed name		Ē	Paytime telephone number			
	Indiana Gamin Charity Gam	ing Division East Tower, Suite 160 s, IN 46204	0			